

on patients in the Trudeau Sanatorium at Saranac Lake, in many instances a single patient having been repeatedly studied over short intervals of time. By serial study one may often detect "spreads" prior to change of symptoms or physical findings, which fact emphasizes the importance of serial studies even in those patients who clinically appear to be doing well.

Concerning the reliability of the X-ray findings, the authors analyzed 1,367 cases diagnosed as pulmonary tuberculosis in 1,478 consecutive admissions to the Trudeau Sanatorium, and found that tubercle bacilli were present in 61.5 per cent; râles in 68.5 per cent, and the X-ray findings were positive in 99 per cent. At Trudeau, no patients having pulmonary cavities detectable by physical examination are admitted, yet 30 per cent of the

patients after admission on the X-ray examination show cavities. The extent of the lung involvement is almost always shown by the roentgen study to be more extensive than by the physical examination, the former method now being the accepted basis for classifying the extent of the lesion by the National Tuberculosis Association.

The authors believe that only very rarely will an individual who has reached the age of 25 or over, and shows negative chest X-ray findings, or, at most, only a peritruncal lesion, develop an active parenchymatous tuberculosis. Perhaps it is because of this belief that they strongly advocate the roentgenologic study of the chest for every high school graduate regardless of the past history, symptoms, or physical findings.

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